FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A Des Moines, lowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

CAMPAIGN DISCLOSURE

FRAKIN

2012 OCT 22 AM 9: 07

COMMITTEE NAME (Must be same as on Statement of Or	ganization)		
	gamzadony	F	ORM
RICHTSMEIER FOR SHERIFF COMMITTEE			DR-2 DISCLOSURE
IMPORTANT: Indicate by # type of committee you are reporting fo (1) Statewide/Legislative/Judge Standing for Retention Candidate (4) County Central Committee (5) County Candidate (6) City Car Subdivision Candidate (8) County PAC (9) City PAC (10) School 11) Local Ballot Issue	(2)State PAC (3)State Party adidate (7)School Board or Other Politica	For	Office Use Only nm. #
CANDIDATE COMMITTEES ONLY: Candidate Name LARRY L. RICHTSMEIER	Political Party (if applicable) REPUBLICAN	Sca	ged In anned mputer
Office Sought FRANKLIN COUNTY SHERIFF	District (if Senate or House)	Auc	dited
Late reports are subject to possible civil and criminal penalties. For candidate's committee, and the chairperson, for any other type of the committee of the chair person for any other type of the committee of the chair person for any other type of the	of committee, is the individual responsible	e for filing tim	nely and accurate reports.
OCTORER 10, 2012	DEDORT FOR ALL FLORIDA	WONON F	TECTION VEAD
I AM FILING A OCTOBER 19, 2012	REPORT FOR (1) ELECTION		LECTION YEAR.
(report date)	Indicate by	# [1]	
□CHECK IF AMENDMENT TO REPORT DATED		Local Comm	nittees, enter Date of Election
☐ Check if this is final (termination) report and attach Notic	e of Dissolution Form DR-3.		BER 6, 2012
(You must continue to file reports until a DR-3 is fi	led.)	which Election FRANKI	
STATEMENT OF CASH ON HA	ND		
CASH ON HAND at the beginning of the reporting period. ( committee. This amount MUST be the same as the of the last reporting period or must be zero if this is	Total of all funds held by the	\$	25.18
ADD TOTAL MONEY TAKEN IN THIS PERIOD			
Schedule A: Cash Contributions total (Attach Sch	edule A) (*also see in-kind below)		780.00
Schedule F: Loans Received total (Attach Schedule			
Schedule H: Total Sales of Campaign Property (A			
(Schedule H applies to Candidates' Co			
Toolloadie II applies to earliances	SUB-TOTAL	\$	805.18
SUBTRACT TOTAL MONEY SPENT THIS PERI	OD		
Schedule B: Expenditures total (Attach Schedule			561.63
Schedule F: Loan Repayments total (Attach Sche			
CASH ON HAND at the end of this reporting period (if final			243.55
**UNPAID BILLS (From Schedule D - Attach Schedule D).		\$	
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Sci			640.57
**OUTSTANDING LOANS (From Schedule F - Attach Sche			- XXX
CONSULTANT BREAKDOWN (Schedule G Attached?)		Ψ	YES ✓ NO
The state of the s		-	
CANDIDATE COMMITTEES ONLY:  VALUE OF CAMPAIGN PROPERTY (From Schedule H - /	Attach Schedule H)	\$	0.00

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

## For Instructions, See Back of Form

## **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
RICHTSMEIER FOR SHERIFF COMMITTEE

A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

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STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
08-30-2012	ID# CK#	CHARLENE RICHTSMEIER 412 AKIR STREET LATIMER, IOWA 50452	WIFE	\$250.00	
08-30-2012	ID# CK#	DELBERT MUHLENBRUCH 608 ROWAN ROAD DOWS, IOWA 50071	FRIEND	30.00	
08-32012	ID# CK#	FRANKLIN COUNTY REPUBLICAN CENTRAL COMMITTEE HAMPTON, IOWA		500.00	
	ID# CK#				
	ID#				
	CK#				
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	ID#				
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	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
			SUB-TOTAL	¢ 780.00	
		TOTAL (if last page	of this schodula	\$ 780.00	
		TOTAL (II last page	or uns scriedule)	\$ 780.00	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) . If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page \_\_\_\_\_ of \_\_\_\_ (for Schedule A)

Reset Form

## **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
CHE	CK THIS BOX IF

**COMMITTEE NAME** (Must be same as on Statement of Organization)

RICHTSMEIER FOR SHERIFF COMMITTEE

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
3-6-2012	ID# CK#	FIRST NATIONAL BANK HAMPTON, IOWA 50441	SERVICE CHARGE/SALES TAX	\$ 3.21
3-30-2012	ID# CK#	KLMJ RADIO HAMPTON, IOWA 50441	RADIO ADS	552.00
9-6-2012	ID# CK#	FIRST NATIONAL BANK HAMPTON, IOWA 50441	SERVICE CHARGE/SALES TAX	3.21
10-5-2012	ID# CK#	FIRST NATIONAL BANK HAMPTON, IOWA	SERVICE CHARGE/SALES TAX	3.21
ž	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			

TOTAL (if last page of this schedule)

\$ 561.63

## THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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OR INSTRUCTIONS, SEE BACK OF FORM		SCHEDULE	
COMMITTEE NAME (Must be same as on Statement of Organization)		(Rev. 06/97)	IN-KIND CONTRIBUTIONS
RICHTSMEIER FOR SHERIFF COMMITTEE			
	Reset Form		CTHIS BOX IF DING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
8-22-2012	CHARLENE RICHTSMEIER 412 AKIR STREET, LATIMER, IOWA 50452	WIFE	2 4X8 PLYWOOD FOR SIGNS	\$ 59.98	
9-19-2012	CHARLENE RICHTSMEIER 412 AKIR STREET LATIMER, IOWA 50452	WIFE	4 CANS SPRAY PAINT	18.15	
9-21-2012	LARRY RICHTSMEIER 412 AKIR STREET LATIMER, IOWA 50452	CANDIDATE	25 YARD SIGNS	562.44	
SUB-TOTAL  TOTAL (if last page of this schedule)				\$ 640.57 \$ 640.57	

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

of \_\_\_\_\_\_ (for Schedule E) Page \_